


# FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN  
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only 	1. FILE NUMBER 0 1 1 - 7 2 0	2. PERIOD COVERED MO DAY YEAR From 0 7 0 1 2 0 0 0 Through 0 6 3 0 2 0 0 0	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report to a subsidiary organization of your union as defined in Section X of the instructions, check here:
	8. MAILING ADDRESS (Type or print in capital letters.) First Name J O S E P H Last Name P O M P A P.O. Box • Building and Room Number (if any) S T E 1 0 3 5 Number and Street 2 5 0 0 W . H I G G I N S R O A D City H O F F M A N E S T A T E S State ZIP Code + 4 I L 6 0 1 9 5 -		
4. AFFILIATION OR ORGANIZATION NAME U. B. OF CARPENTERS AND JOINERS OF AMERICA			
5. DESIGNATION (Local, Lodge, etc.) LOCAL		6. DESIGNATION NUMBER 839	
7. UNIT NAME (if any)			
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 75.) Yes <input checked="" type="checkbox"/> No			

75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)	
Item Number 7 2	THIS ITEM REFLECTS ONLY DISBURSEMENTS ON BEHALF ON INDIVIDUAL MEMBERS FOR OTHER THAN NORMAL OPERATING PURPOSES. ALL OF OUR EXPENSES BENEFIT THE ENTIRE UNION MEMBERSHIP AND INDIVIDUALS ARE NOT NORMALLY SINGLED OUT FOR SPECIAL PURPOSES.
VARIOUS	S E E A T T A C H E D S C H E D U L E

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

76. SIGNED: <u><i>F. Rukan Day</i></u> 9 / 17 / 01 (8 4 7) 4 9 0 - 8 8 3 9 Date Telephone Number	PRESIDENT (If other title, see instructions.)	77. SIGNED: <u><i>Joseph Pompa</i></u> 9 / 17 / 01 (8 4 7) 4 9 0 8 8 3 9 Date Telephone Number	TREASURER (If other title, see instructions.)
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**During the Reporting Period Did Your Organization:**

- |  | Yes | No |
|--|-----|----|
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? .....  |     | X  |
| 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? .....              |     | X  |
| 12. Have a political action committee (PAC) fund? .....  | X   |    |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? .....  | X   |    |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? .....  |     | X  |
| 15. Discover any loss or shortage of funds or other property? .....<br>(Answer "Yes" even if there has been repayment or recovery.)  |     | X  |
| 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? ..... |     | X  |
| 17. Liquidate or reduce any liabilities without disbursement of cash? .....  |     | X  |

(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 2 0 0 1
19. What is the date of your organization's next regular election of officers? MO YEAR  
0 6 2 0 0 3
20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 3 4 0 0 0 0
21. What are your organization's rates of dues and fees?  
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ 129 per quarter (Month, Year, etc.)
(b) Initiation Fees	\$ 425
(c) Transfer Fees	\$ N/A
(d) Work Permits	\$ N/A per (Month, Year, etc.)

22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? ..... Yes No  
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.) X
23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? ..... X
24. Did your organization have any contingent liabilities at the end of the reporting period? ..... X

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

# STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 0 1 1 \_ 7 2 0

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

	ASSETS	From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
	Item			
<b>ASSETS</b>	25. Cash .....	1	3 5 4 5 0 7	4 3 5 1 5 7
	26. Accounts Receivable .....		0	0
	27. Loans Receivable .....		0	0
	28. U.S. Treasury Securities .....		1 4 6 6 3 0 7	1 3 8 3 7 0 1
	29. Investments .....	2	0	0
	30. Fixed Assets .....	5	7 2 1 2 6	8 9 4 7 4
	31. Other Assets .....	3	0	0
	32. TOTAL ASSETS .....		1 8 9 2 9 4 0	1 9 0 8 3 3 2
<b>LIABILITIES</b>	33. Accounts Payable .....	8	0	0
	34. Loans Payable .....		0	0
	35. Mortgages Payable .....		0	0
	36. Other Liabilities .....		0	0
	37. TOTAL LIABILITIES .....	4	0	0
	38. NET ASSETS (Item 32 less Item 37) .....		1 8 9 2 9 4 0	1 9 0 8 3 3 2

# STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 0 1 1 - 7 2 0

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

CASH RECEIPTS		From SCH #	AMOUNT	CASH DISBURSEMENTS		From SCH #	AMOUNT
Item				Item			
39. Dues .....			9 4 2 7 4 6	56. To Officers .....	9		1 0 6 3 3 8
40. Per Capita Tax .....			0	57. To Employees .....	10		4 3 7 8 1
41. Fees .....			6 0 0 7 6	58. Per Capita Tax .....			2 1 5 5 0 6
42. Fines .....			0	59. Fees, Fines, Assessments, etc. ....			1 6 4 1 5
43. Assessments .....			5 0 7 7	60. Office & Administrative Expense ....	13		1 2 0 2 2 2
44. Work Permits .....			0	61. Educational & Publicity Expense ...			8 1 8
45. Sale of Supplies .....			2 6 4 2	62. Professional Fees .....			0
46. Interest .....			1 1 3 1 4 4	63. Benefits .....	11		2 7 6 6 7
47. Dividends .....			0	64. Contributions, Gifts & Grants .....	12		2 2 8 4 6
48. Rents .....			0	65. Supplies for Resale .....			0
49. Sale of Investments & Fixed Assets .....	6		2 0 7 7 4 2 3	66. Direct Taxes .....			1 4 6 7 6
50. Loans Obtained .....	8		0	67. Withholding Taxes .....			3 3 8 5 5
51. Repayments of Loans Made .....	1		0	68. Purchase of Investments & Fixed Assets .....	7		2 0 4 7 7 5 7
52. On Behalf of Affiliates for Transmittal to Them .....			0	69. Loans Made .....	1		0
53. From Members for Disbursement on Their Behalf .....			0	70. Repayment of Loans Obtained .....	8		0
54. Other Receipts .....	14		7 2 7 1	71. To Affiliates of Funds Collected on Their Behalf .....			0
				72. On Behalf of Individual Members ...			0
				73. Other Disbursements .....	15		4 7 7 8 4 8
55. TOTAL RECEIPTS .....			3 2 0 8 3 7 9	74. TOTAL DISBURSEMENTS .....			3 1 2 7 7 2 9

If more space is needed to complete Schedules 1 through 8 or 11 through 15, continue on additional pages, using the same column headings used on the schedule, and enter the totals on the line provided for additional pages in each schedule. For Schedules 9 and 10, use the continuation pages provided.

FILE NUMBER: 0 1 1 - 7 2 0

**Enter Amounts in Dollars Only — Do Not Enter Cents**

## SCHEDULE 1 — LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
2. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
3. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
4. Totals from additional pages (if any)	0	0	0	0	0
5. Totals of loans not listed above	0	0	0	0	0
6. Totals of Lines 1 through 5	0	0	0	0	0
Enter the Totals from Line 6 in ..... <span style="margin-left: 100px;">↑ Item 27</span> ..... <span style="margin-left: 100px;">↑ Item 69</span> ..... <span style="margin-left: 100px;">↑ Item 51</span> ..... <span style="margin-left: 100px;">↑ Item 75</span> ..... <span style="margin-left: 100px;">↑ Item 27</span> <div style="display: flex; justify-content: space-between; width: 100%;"> <span>Column (A)</span> <span></span> <span></span> <span>with Explanation</span> <span>Column (B)</span> </div>					

# **SCHEDULE 2 — INVESTMENTS** **(OTHER THAN U.S. TREASURY SECURITIES)**

Description (A)	Amount (B)
<b>Marketable Securities</b>	
1. Total Cost	0
2. Total Book Value	0
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
<b>Other Investments</b>	
4. Total Cost	0
5. Total Book Value	0
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
(e) Total from additional pages (if any)	0
7. Total of Lines 2 and 5	0
Enter the Total from Line 7 in _____ Item 29, Column (B)	

# **SCHEDULE 3 — OTHER ASSETS**

Description (A)	Book Value (B)
1.	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	0
7. Total of Lines 1 through 6	0
Enter the Total from Line 7 in _____ Item 31, Column (B)	

# **SCHEDULE 4 — OTHER LIABILITIES**

Description (A)	Amount at End of Period (B)
1.	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	0
7. Total of Lines 1 through 6	0
Enter the Total from Line 7 in _____ Item 36, Column (D)	

# SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 0 1 2 - 7 2 0

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location):				
2. Totals from additional pages (if any)	0		0	N/A
3. Buildings (give location):				
4. Totals from additional pages (if any)	0	0	0	N/A
5. Automobiles and Other Vehicles	64256	2678	61578	N/A
6. Office Furniture and Equipment	119537	91641	27896	N/A
7. Other Fixed Assets	1437	1437	0	N/A
8. Totals of Lines 1 through 7	185230	95756	89474	N/A

Enter the Total from Line 8, Column (D) in..... Item 30, Column (B)


# SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1. SEE ATTACHED SCHEDULE				
2.				
3.				
4.				
5. Totals from additional pages (if any)	2077423	2077423	2077423	2077423
6. Totals of Lines 1 through 5	2077423	2077423	2077423	2077423
			7. Less Reinvestments	0
			8. Net Sales	2077423






Enter the Total from Line 8 in ..... Item 49

# SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 0 1 1 \_ 7 2 0

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. SEE ATTACHED SCHEDULE			
2.			
3.			
4.			
5. Totals from additional pages (if any)	2069679	2069679	2047757
6. Totals of Lines 1 through 5	2069679	2069679	2047757
	7. Less Reinvestments		0
	8. Net Purchases		2 0 4 7 7 5 7
Enter the Total from Line 8 in .....  Item 68			

# SCHEDULE 8 — LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1.					
2.					
3.					
4.					
5. Totals from additional pages (if any)	0	0	0	0	0
6. Totals of Lines 1 through 5	0	0	0	0	0
Enter the Totals from Line 6 in .....  Item 34 .....  Item 50 .....  Item 70 .....  Item 75 .....  Item 34					
			Column (C)	with Explanation	Column (D)



# SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 0 1 1 - 7 2 0

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
1. DAY RICHARD Title PRESIDENT Status C		8 6 7 4	0	1 6 7 1	0	1 0 3 4 5
2. SWANSON PAUL Title VICE PRESIDENT Status C		5 8 9 8	0	6 9 2 7	0	1 2 8 2 5
3. POMPA JOSEPH Title FINANCIAL SEC'Y Status C		3 2 8 2 7	0	6 3 3 7	0	3 9 1 6 4
4. THVEDT TERRY Title TREASURER Status C		9 3 6 8	0	5 9 6 1	0	1 5 3 2 9
5. MARTENS JOHN Title RECORDING SEC'Y Status C		9 9 5 6	0	1 2 8 5	0	1 1 2 4 1
6. HUTER TOM Title TRUSTEE Status C		7 2 2 8	0	0	0	7 2 2 8
7. KRABBE BRAD Title TRUSTEE Status C		8 9 0 7	0	0	0	8 9 0 7
8. Totals from additional pages (if any)		22458	0	2960	0	25418
9. Totals of Lines 1 through 8		105316	0	25141	0	130457
				10. Less Deductions 2 4 1 1 9		
Enter the Total from Line 11 in ..... Item 56 ➡				11. Net Disbursements 1 0 6 3 3 8		

\*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75 on page 1.)

# SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 0 1 1 - 7 2 0

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
1. B U R G O S	S A N D R A	3 0 0 1 2	0	0	0	3 0 0 1 2
Position	O F F I C E					
Name of Affiliated Organization	N O N E					
2.		0	0	0	0	0
Position						
Name of Affiliated Organization						
3.		0	0	0	0	0
Position						
Name of Affiliated Organization						
4.		0	0	0	0	0
Position						
Name of Affiliated Organization						
5.		0	0	0	0	0
Position						
Name of Affiliated Organization						
6. Totals from additional pages <small>(if any)</small>		0	0	0	0	0
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates		1 7 6 3 4	0	5 8 7 1	0	2 3 5 0 5
8. Totals of Lines 1 through 7		4 7 6 4 6	0	5 8 7 1	0	5 3 5 1 7
				9. Less Deductions		
				9 7 3 6		
Enter the Total from Line 10 in..... Item 57 ⇒				10. Net Disbursements		
				4 3 7 8 1		

# **SCHEDULE 11 — BENEFITS**

FILE NUMBER: 0 1 1 - 7 2 0

Description (A)	To Whom Paid (B)	Amount (C)
1. SEE ATTACHED SCHEDULE		
2.		
3.		
4.		
5. Total from additional pages (if any)		27667
6. Total of Lines 1 through 5		27667
Enter the Total from Line 6 .....		↑ Item 63


## **SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS**

Description (A)	Amount (B)
1. SEE ATTACHED SCHEDULE	
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	22846
8. Total of Lines 1 through 7	22846
Enter the Total from Line 8 in ..... ↑ Item 64	


## **SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE**

Description (A)	Amount (B)
1. SEE ATTACHED SCHEDULE	
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	120222
8. Total of Lines 1 through 7	120222
Enter the Total from Line 8 in ..... ↑ Item 60	

# **SCHEDULE 14 — OTHER RECEIPTS**

Description (A)	Amount (B)
1. SEE ATTACHED SCHEDULE	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	7271
17. Total of Lines 1 through 16	7271
Enter the Total from Line 17 in .....  Item 54	

# **SCHEDULE 15 — OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1. SEE ATTACHED SCHEDULE	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	477848
17. Total of Lines 1 through 16	477848
Enter the Total from Line 17 in .....  Item 73	

ORGANIZATION NAME: CARPENTERS LOCAL 839

ENDING DATE OF PERIOD COVERED: 06-30-2001

FILE NUMBER: 0 1 1 - 7 2 0

PAGE 2 OF 9 ADDITIONAL PAGES

## SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name M C G I N N I S First Name J A M E S Title T R U S T E E Status C		7 3 7 7	0	4 3	0	7 4 2 0
Last Name M A R K H A M First Name R A Y Title C O N D U C T O R Status C		7 9 0 0	0	1 2 7 3	0	9 1 7 3
Last Name B R U N S First Name N E D Title W A R D E N Status C		7 1 8 1	0	1 6 4 4	0	8 8 2 5
Last Name  First Name  Title  Status		0	0	0	0	0
Last Name  First Name  Title  Status		0	0	0	0	0
Last Name  First Name  Title  Status		0	0	0	0	0
Last Name  First Name  Title  Status		0	0	0	0	0
Last Name  First Name  Title  Status		0	0	0	0	0
Totals		22458	0	2960	0	25418

ORGANIZATION NAME: \_\_\_\_\_

ENDING DATE OF PERIOD COVERED: \_\_\_\_\_

FILE NUMBER: \_\_\_\_\_

PAGE \_\_\_\_ OF \_\_\_\_ ADDITIONAL PAGES

## SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Totals						

**SCHEDULE "A"**Item #75 - Additional Information:

Item # 12 Local 839 Political Action Committee fund is not required to file reports with any state or federal government agencies. The cash balance and activities on this LM-2 include the balance in the PAC fund.

Item # 13 Depreciation during the year ended June 30, 2001 was as follows:

Automobiles	17,025
Furniture and Equipment	18,567
Total	<u>\$ 35,592</u>

Three automobiles with a cost of \$57,390 and a book value of \$21,922 were traded-in in conjunction with the purchase of three new automobiles. The Local received a trade-in allowance of \$42,601.

Item # 14 Thomas Havey LLP, Certified Public Accountants

Item # 16 Joseph Pompa was an officer of the Local during the year ended June 30, 2001 and was also a full-time business representatives of the Local. Effective January 1, 2000, all carpenter local business representatives are employed by the Chicago & Northeast Illinois District Council of Carpenters (District Council). The Local reimburses the District Council for salaries, payroll taxes and fringe benefits. During the year ended June 30, 2001, the Local reimbursed the District Council \$371,714.  
Schedule 9 salaries for the above officer include only wages paid to him as an officer of the Local.

Item # 22 The Local's National Parent Organization adopted a new constitution effective December 2000. The parent organization files copies of the constitution with the Department of Labor on behalf of its affiliates.

Item # 56, Schedule 9

It is not practicable to make a precise distribution of automobile operating expenses not paid directly to officers and employees and included in columns (f) and (g). However, an allocation of such expenses has been made in accordance with IRS reporting rules. If union owned/leased automobiles were used 50% or less for business purposes by IRS reporting standards, the remainder is treated as if it were personal use and is reported in column (g). IRS standards should not necessarily be considered as the actual business use of an automobile.

Item #77 The Chief Financial Officer of the Local is the Financial Secretary





Period End Date: 06-30-2001

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**SCHEDULE 6 -- SALE OF INVESTMENTS AND FIXED ASSETS**[illegible]



Period End Date: 06-30-2001

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## SCHEDULE 7 -- PURCHASE OF INVESTMENTS AND FIXED ASSETS

[illegible]



Period End Date: 06-30-2001

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## SCHEDULE 11 - BENEFITS

[illegible]



Period End Date: 06-30-2001

File Number:

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**SCHEDULE 12 CONTRIBUTIONS, GIFTS & GRANTS - Other**

Description (A)	Amount (B)
POLITICAL	9,385
CIVIC & CHARITABLE	6,782
LABOR	6,240
BIBLES	439
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
Total Contributions, gifts, & grants - other	22,846





Period End Date: 06-30-2001

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**SCHEDULE 13 -- OFFICE AND ADMINISTRATIVE EXPENSE - Other**

Description (A)	Amount (B)
RENT & UTILITIES	58,296
OFFICE SUPPLIES	25,480
TELEPHONE	19,248
POSTAGE & PRINTING	12,243
INSURANCE - GENERAL	3,281
INSURANCE - BONDING	1,573
BANK FEES	101
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
Total Office & Administrative Expense - other	120,222



Period End Date: 06-30-2001

Page 8 of 9**SCHEDULE 14 -- OTHER RECEIPTS - Other**

Description (A)	Amount (B)
PROMOTIONAL EVENTS	3,846
COMPUTER MAINTENANCE FEES REFUNDED	1,657
PAYROLL SERVICE FEES REFUNDED	1,012
INSURANCE REFUNDS	515
OFFICE EXPENSE REFUNDS	151
NSF CHECK FEES REIMBURSED	90
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
Total Other receipts - other	7,271



Period End Date: 06-30-2001

011-720

**SCHEDULE 15 -- OTHER DISBURSEMENTS - Other**

Description (A)	Amount (B)
SALARY & FRINGE REIMBURSEMENTS - DISTRICT COUNCIL	371,714
PROMOTIONAL ITEMS EXPENSE	35,348
DINNER DANCE EXPENSE	33,753
PROMOTIONAL EVENTS	15,659
WORKING CARDS & BUTTONS	13,192
CONVENTION EXPENSE PAID DIRECTLY TO VENDOR	4,479
SKILL UPGRADE REIMBURSEMENTS	1,345
NSF CHECKS RETURNED	1,141
MEETING EXPENSE - UNALLOCABLE	598
APPRENTICE FUND CONTRIBUTIONS	499
DUES REFUNDS	120
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
Total Other Disbursements - other	477,848

